



## **IOWA COUNCIL FOR EARLY ACCESS**

**Minutes**  
**March 18, 2005**  
**10 a.m. – 3 p.m.**

### **Des Moines Botanical Center**

909 E East River Dr  
Des Moines, IA 50316  
(515) 323-8900

#### **Members Present**

Bob Bacon, Cathy Ryba, Glenn Baughman, Glenn Grove, Jan Mackey, Nick Burnett, Debra Sixta, Maureen Schletzbaum, Renee Wallace, Diane Halverson, Debra Scrowther (for Shanell Wagler), Troy McCarthy, Barbara Merrill, Mary Jane Brotherson, Kyla Alba, Micheal Baldwin, Gregory Titus, Jane Borst

#### **Members Excused**

Jeff Lobas, Joel Yates, Dan Ellsbury, Jennifer Gomez, Royann Mraz, Keri Burian, Hector Garrido-Osorio, Edward Loggins, Jim Overland, Mark Smith, Shanell Wagler

#### **Staff Present**

Kay Leeper, Julie Curry, Kathy Wilson, LauraBelle Sherman-Proehl, Barbara Ohlund

#### **Handouts:**

- 1. Early ACCESS Service Coordinator Competencies January 20, 2004**
- 2. Memorandum to PTI's and P& A asking them to distribute invitation to the "open" conference call.**
- 3. House Bill 761**
- 4. Membership Committee Report March 18, 2005**
- 5. Draft of the letter to Legislators urging support for CHSC**

**The Meeting was brought to order at 10 a.m. by Bob Bacon, chair.**

**Minutes:** Minutes of the November 19, 2004 Council meeting were approved as mailed. The January 2005 meeting of the ICEA was cancelled due to weather.

#### **Family Story:**

Troy McCarthy told his family story. He and his wife initially learned in a phone call from a genetic's counselor that one of their twins had Down Syndrome. They worked with Early ACCESS to get services but the process was not always easy. He and his wife

needed to advocate for their child to get services in a timely fashion. They have since started a parent support group to help other parents of children with Down Syndrome. Troy has been struggling with how to overcome issues with HIPAA and FERPA so their group can get in touch with families while a baby is still in the hospital.

### **Overview of the Service Coordination Plan**

As requested by the Best Practices committee, Kathy Wilson discussed the process and history of the current Service Coordination Competency-Based Training and the activities involved in the roll out of the training modules.

Over a period of several years many stakeholders have been studying Service Coordination and advising the Lead Agency regarding the development of the Service Coordinator job description and competencies. Those competencies were used to develop the training curriculum. The next step is to pilot the curriculum with selected Service Coordinators in the state.

### **Staff comments in response to questions:**

A Service Coordinator can be anyone from any profession or a parent without a professional degree. Currently this includes professions such as physical therapists and early childhood special educators. The goal is to make sure the Service Coordinator is well suited to the child and family. At Child Health Specialty Clinics the person carrying out the role of service coordination is often a parent consultant. Both IDPH and CHSC have identified the staff from their agencies that will be trained as Service Coordinators. This is why the curriculum design is so critical. Head Start also has been assisting the Service Coordinators in the field. It is the ultimate goal that the Service Coordination curriculum be infused into preparation for professionals that could be called upon to provide service coordination.

Not every Service Coordinator will need to complete all the training modules. If an individual can demonstrate competency in a specific area, they need only take training the content where they need to improve. Training becomes an event when people are not coached; the key to learning is ongoing support. That support is provided through coaching by the Service Coordinator's supervisors, managers, Signatory Agencies as specified in the Memorandum of Agreement.

Once the pilot process is complete and the curriculum is finalized, a calendar for training will be developed and put on the Early ACCESS web page. Training will be delivered on a staggered schedule across the state, so that in any given quarter of the year training on each module would be available somewhere in the state.

### **Discussion**

Barb Merrill shared that she is teaching five infant and toddler modules for personnel in the child care system that have similar outcomes to those presented. She is targeting parents and child care providers. Early ACCESS state staff has been working with Barb. She asked that staff stay connected as these modules are piloted anticipating that the information gathered will be very useful for her as well.

This process sounds like patient acuity from the medical application. It will be difficult to determine how to assign a Service Coordinator to maintain an effective case load. At this point each grantee does that.

It was noted that it is important, from a University perspective, to keep working together to keep this curriculum moving forward.

When asked if a web-based training method is being considered, the answer was that the idea was explored but that currently it is not an option. Web-based learning is very time intensive and takes one FTE to maintain. The Lead Agency is looking at standardized modules with enhancement for specific target groups. "Partnering with parents" is a web-based program offered by ISU Extension that includes a module for working with families that could be used.

Kyla Alba shared that she has been a Service Coordinator for two years. The part that stands out for her is the importance of establishing a relationship with the family. She stressed that some skills or competencies of service coordination are not possible to include in the training but must be a consideration in hiring.

#### **Lead Agency Update**

The Lead Agency is studying the "payor of last resort" issue raised in IDEA 2004. The Signatory Agencies are going to work on the Memorandum of Agreement to figure out how to pay for services given the current climate.

#### **State Application**

The State Application is due May 2<sup>nd</sup> and is completely different from previous applications. It includes timelines for the implementation of IDEA 2004 that must be in effect by May 2006. We will need to begin to analyze the new regulations and promulgate new rules. The new rules need to go to the State Board of Education by January 2006. New policies will have to be fully implemented by April 2006. We have a lot of work to get the pieces in place by July 2006. As timelines are set, we are asking the Council to attend closely to emails so that your voice is heard.

#### **Budget**

The budget was about \$200,000 less than anticipated and we had already anticipated a cut. The total budget for this year is \$3.8 million. This is not a lot of money given the need in the state and the increase expected in number of children referred from DHS. We will be looking closely at how dollars are being spent and possibly make changes in how we do business.

#### **OSEP Verification Visit**

The week of July 11<sup>th</sup> OSEP is making a verification visit to Iowa. The agenda will include: general supervision; data monitoring; personnel; review of how students are being included in assessments; and early childhood outcomes. OSEP will spend the whole week at the Department of Education. They will not be going out to the regional level. In preparation for the site visit there will be phone conferences on May 11<sup>th</sup> for stakeholders and May 19<sup>th</sup> for parents. Letters of invitation to the phone conference were distributed to parents.

## **Other late breaking news**

**Performance Plan:** The next activity for the Council is to provide input into the six year performance plan. There is no choice regarding indicators or data source. The need for is for comment regarding the activities. By December we need to have a plan together with rigorous targets for the next six years. The State Part C budget must be tied to the plan. Right now the federal government is seeking public comment, but, only as it relates to the paper work burden and relevance.

### **Comments regarding the performance planning process**

The performance planning process is not unlike what Maternal and Child Health is doing. The difference is the speed at which it is being implemented. MCH had a three year process and a developmental approach. This appears capricious and arbitrary. However, one of the reasons the Title V block grant has maintained its funding is the data that came out of this approach.

The timelines were forced by Congress.

This is not an efficient way to provide services. Data is important but the needs of children and families must drive the system.

### **2004 Data Packets**

Julie Curry distributed the 2004 data packet. Members were asked to review the data and be prepared to discuss issues at the May meeting. At the May meeting we will be setting the direction for Focused Monitoring for FY2006.

### **Public Policy Committee Report Mary Jane Brotherson Letter to OSERS**

The letter went to OSERS regarding regulations for IDEA 2004. There was a concern about where the resources were going to come from to serve children given the broadening eligibility. There is also a need to address parental safeguards.

### **Funding issues for CHSC as it affects Early ACCESS services**

A letter crafted by the Public Policy Committee was introduced to advocate for an increase in funding to Child Health Specialty Clinics. An increase in funding would allow CHSC to carry out its obligation to provide services to the medically fragile child needing early intervention services.

### **Motion**

Nick Burnett moved and Greg Titus seconded a motion to send the letter (as revised in discussion) regarding funding of Child Health Specialty Clinics to the members of the combined Senate and House Appropriations Committee for Health and Human Services, Education, Governor Vilsack, and the respective Directors of the Signatory Agencies.

### **Discussion**

The key issue is that low funding will undermine the ability of CHSC to carry out their role in the Early ACCESS system. Current funding levels being considered seriously cut their ability to provide basic services statewide. The decrease in funding is because of cuts that happened at the state level years ago due to a decrease in funds in a time of

crisis. Federal Title V dollars backfilled to cover the need at that time, but those resources are no longer available. Each of us needs to talk to our representatives about this issue to show it is a statewide system issue.

The motion carried. Abstaining were Michael Baldwin, Jane Borst, and Lana Michelson.

### **Current legislative issues update**

- HF 385 died in committee
- HF 761 is now the bill that is looking at collocation of early childhood services. The bill continues to change daily. The committee will monitor the direction of this legislation and keep members informed of the progress or need for response.

At the Federal level, the Senate chose not to support the decrease in the Medicaid appropriation. However, they supported legislation making Medicaid more flexible and efficient. There will need to be a conference committee to negotiate the differences in the two versions.

### **Membership Committee Report**

Cathy Ryba reported the membership committee met and has determined the membership needs of the Council for next year. They have considered the changes in IDEA 2004 and made adjustments in the membership recruitment accordingly. The written report of the committee was available.

### **Governor's Report**

Kay Leeper reported for Shanell Wagler. A report of council activities will be sent to the Governor with the Annual Performance Report (APR) by March 31st. A follow up report highlighting key points of the APR will be forwarded to the Governor at a later date.

### **Dialogue regarding the Annual Performance Report**

LauraBelle Sherman-Proehl and Barbara Ohland led the process for comment regarding the Annual Performance Report. The report is due to the Secretary of Education and the Governor by March 31<sup>st</sup>.

Small group discussion occurred around each of the Part C clusters:

- ❖ General Supervision
- ❖ Comprehensive Child Find
- ❖ Family Centered Services
- ❖ Early Intervention Services in the Natural Environment
- ❖ Early Childhood Transition

Comments were received and considered for inclusion in the report.

### **IDEA 2004 implications for Iowa**

Julie Curry reviewed the IDEA 2004 federal law with emphasis on implications for Iowa. Refer to PowerPoint handout).

OSERS is not going to regulate beyond the statute. This is a policy shift.

Discussion included implications of changes in law on each of the cluster areas:

1. Early Identification including outreach to special populations (e.g. CAPTA; premature infants; homeless; drug exposed);
2. Early Intervention Services;
3. Family Centered Services; and
4. Transition from Early ACCESS
5. General Supervision including the Council;
  - ❖ Council will need to revise By-laws to reflect the changes in the new law.

#### **Council responsibilities**

Respond to regulations once proposed regulations are published

Provide input on six year plan

Provide comment on the State Application, memorandum of agreements and administrative rules.

#### **Comments**

With all of these regulations what are we doing for the children?

The Council began a conversation about maintaining Part C given the capacity to meet the federal requirements with minimal resources. We are already backfilling from Part B. As a birth mandate state we do provide services to families; therefore, by not taking the funding, Iowa would not see a change in how we do things. The concern expressed was that under the new regulations we are not focusing on the family.

Suggest inviting members of Harkin's office and Grassley's office to meetings where we discuss issues.

The Council suggested that the Lead Agency explore other methods of communication, such as a list serve.

**There was no additional sharing of activities and information from constituents.**

**The meeting was adjourned at 3:00p.m.**

**The next meeting will be May 20<sup>th</sup> at the Des Moines Botanical Center.**

**Approved 5/20/05**